

**TRAILER ESTATES PARK AND RECREATION DISTRICT
APPLICATION FOR IN-HOME CAREGIVER PP 31**

PROPERTY ADDRESS: _____ DATE: _____

OCCUPANT(S):

NAME	DOB	AGE
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NAME	DOB	AGE
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PROPOSED CAREGIVER:

NAME	DOB	AGE
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PERMANENT ADDRESS: _____

TELEPHONE NUMBER: _____

In accordance with the Amendments to the Deed Restrictions of TRAILER ESTATES, which are applicable throughout Trailer Estates Park and Recreation District and have been recorded in the Public Records of Manatee County, Florida, the Board of Trustees requires that the presence of an under age caregiver be reasonable required by the owner's attending physician. Furthermore, the status of the caregiver shall be subject to annual review by the Board of Trustees to determine the continuing need for same. Upon the demise or relocation of the occupant, the under age caregiver shall be required to vacate the premises within thirty (30) days. If the caregiver is a out of park person and under 55 years of age that the caregiver must live in the same dwelling as the resident needing the care.

ATTENDING PHYSICIAN: _____
(Name of Physician) (Attach written recommendation)

DATE: _____

Signature of Property Owner

DATE: _____

Signature of Proposed Caregiver

RULING ON APPLICATION FOR CAREGIVER

APPROVED DISAPPROVED DATE: _____

For the Board of Trustees

For the Committee

Conditions or stipulations of Approval/Explanation if Disapproved: _____

Schedule-- Annual Review: _____

THIS FORM SHALL BE RETAINED IN THE HOMEOWNER'S FILE ALONG WITH AGE VERIFICATION INFORMATION AND RECOMMENDATIONS.